

ULTRA MOTOR

Quotation Form



For Agent Use Only

This form can be completed online. Simply type your information into the fields below, save the file to your computer and then email as an attachment to: motorquotations@homeandlegacy.co.uk. Forms can also be printed and faxed to: 0844 893 8386 or sent to: Home and Legacy, Lower Ground Floor, 500 Avebury Boulevard, Milton Keynes, MK9 2LA. Telephone: 0844 893 8370 Monday to Friday 9am – 5pm.

Section 1 – Agent Details

Broker Name _____
Broker Contact Number _____
Agency Number _____
Agency Contact Name _____

Section 2 – General Information

Policyholders First Name _____
Policyholders Surname _____
1st Line of Address _____
Town _____
County _____ Postcode _____
Mobile Tel. No. _____
Homeowner? YES NO Time Lived at This address (Years) _____
How Many Vehicles in Household _____
Target Premium £ _____
Target Excess £ _____
Which Insurer/Contract? _____
What business do you currently hold for this client _____

How long has client been known to you? _____

Section 3 – Cover Information

Level of Courtesy Car Cover

Like for Like (£5000 hire limit) or Class A

Section 4 – Vehicle Details

If there are more than 4 vehicles please complete the supplement at the end of this form

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Cover	Comprehensive	Comprehensive	Comprehensive	Comprehensive
Cover to Start on Date	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Derivative/Type	_____	_____	_____	_____
CC/GVW (CV)	_____	_____	_____	_____
Year of Make	_____	_____	_____	_____
No. of Seats	_____	_____	_____	_____
LHD	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trailer / side car (MC)?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Owner/Keeper (if other than proposer)	_____	_____	_____	_____
Purchase Date	_____	_____	_____	_____
Modified?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total Value (£)	_____	_____	_____	_____
Alarm/Immobiliser	_____	_____	_____	_____
Tracker (Please be specific)	_____	_____	_____	_____
Overnight Postcode	_____	_____	_____	_____
Overnight Parking*	_____	_____	_____	_____
Daytime Postcode	_____	_____	_____	_____
Daytime Parking*	_____	_____	_____	_____
Annual Mileage	_____	_____	_____	_____
NCB	_____	_____	_____	_____
Protected NCB	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Driving Restriction	_____	_____	_____	_____
Level of Breakdown Cover	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>
Who is the Main Driver of this Vehicle	_____	_____	_____	_____

* Further details required on page 4

Section 5 – Driver Details

	Policyholder	Driver 2	Driver 3	Driver 4
Driver Title	N/A			
First Name	N/A			
Surname	N/A			
Date of Birth				
Years resident in UK				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital Status				
Relationship to Proposer	N/A			
Occupation				
Nature of Business				
Employment Status				
Type of Licence				
Period Held				
Where Issued if Not UK				
Driving Qualifications				
Vehicle Use (SDP, Commuting, Class 1/2/3)				
Vehicle 1				
Vehicle 2				
Vehicle 3				
Vehicle 4				
Motoring Convictions, Fixed Penalties in Last 5 Years or Pending Prosecutions				

Accidents, Claims or Losses in Last 5 Years

Any Medical Conditions Notifiable to DVLA – (If YES, please give details in Section 6 under ‘Any Other Information’)

YES NO YES NO YES NO YES NO

Any Non Motoring Convictions Not Yet Spent – (If YES, please give details in Section 6 under ‘Any Other Information’)

YES NO YES NO YES NO YES NO

Section 5 – Driver Details

Continued

Performance Car Experience? e.g. what cars, how long ago?, how long for?

Policyholder

Driver 2

Driver 3

Driver 4

Section 6 – Further Details

Please provide make, model, serial number, size and value of any **trailers** or details of any side cars

Please provide full details (including value) of any **modifications, aftermarket accessories and spare parts**.
This should include any aftermarket audio, visual, entertainment or navigation equipment

Overnight Parking: Please provide details of security fitted to garage at home e.g. NACOSS, linked to police.
Does the garage have any fire protection e.g. sprinkler system? If vehicle(s) not garaged are they visible from the road?

Daytime Parking: Please provide details of the security at the daytime parking location e.g. entry controlled car park (how is entry controlled), CCTV, security guard

Any other information relevant to the risk?

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Vehicle Details Supplement



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Vehicle Details Supplement

Please use this form if there are more than 4 vehicles to be entered on the Policy.

	Vehicle 5	Vehicle 6	Vehicle 7	Vehicle 8
Cover	Comprehensive	Comprehensive	Comprehensive	Comprehensive
Cover to Start on Date	_____	_____	_____	_____
Registration	_____	_____	_____	_____
Make	_____	_____	_____	_____
Model	_____	_____	_____	_____
Derivative/Type	_____	_____	_____	_____
CC/GVW (CV)	_____	_____	_____	_____
Year of Make	_____	_____	_____	_____
No. of Seats	_____	_____	_____	_____
LHD	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Trailer / side car (MC)?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Owner/Keeper (if other than proposer)	_____	_____	_____	_____
Purchase Date	_____	_____	_____	_____
Modified?*	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Total Value (£)	_____	_____	_____	_____
Alarm/Immobiliser	_____	_____	_____	_____
Tracker (Please be specific)	_____	_____	_____	_____
Overnight Postcode	_____	_____	_____	_____
Overnight Parking*	_____	_____	_____	_____
Daytime Postcode	_____	_____	_____	_____
Daytime Parking*	_____	_____	_____	_____
Annual Mileage	_____	_____	_____	_____
NCB	_____	_____	_____	_____
Driving Restriction	_____	_____	_____	_____
Level of Breakdown Cover	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>	EU <input type="checkbox"/> UK <input type="checkbox"/>
Who is the Main Driver of this Vehicle	_____	_____	_____	_____

* Please provide further details below.

Home and Legacy takes online security very seriously. Use of our submission by email service may require you to send information to us over the internet that could be classed as sensitive information under the Data Protection Act 1998. You should ensure that your organisation has appropriate security systems in place to protect the information you are providing to us before submitting.